

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**ORIGINAL FILED**

**Feb 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000088110**

1. Entity Name  
**H.M. SHAW ENTERPRISES, INC.**



Principal Place of Business  
**401 WEST TROPICAL WAY  
PLANTATION, FL 33317**

Mailing Address  
**401 WEST TROPICAL WAY  
PLANTATION, FL 33317**

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1157978**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSS, WANDA LEE  
401 WEST TROPICAL WAY  
FORT LAUDERDALE, FL 33317**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROSS, HERVEY S
STREET ADDRESS	401 WEST TROPICAL WAY
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	CD
NAME	ROSS, WANDA LEE
STREET ADDRESS	401 WEST TROPICAL WAY
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000218338  
02/07/05-80060-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #